

# Grant Application

Department of Criminal Justice Services, 1100 Bank Street, Richmond, Virginia 23219

Attachment 1

Grant Program:	Victim/Witness Grant Program <input type="checkbox"/> FY2013 <input type="checkbox"/> FY2014		
Applicant:			
Jurisdiction(s) Served:			
Program Sponsor			
Program Title:			
Grant Period:	<input type="checkbox"/> July 1, 2012 - June 30, 2013 <input type="checkbox"/> July 1, 2013– June 30, 2014		
Type of Application:	<input type="checkbox"/> Continuation of Grant Number:		
	<b>Project Director</b>	<b>Project Administrator</b>	<b>Finance Officer</b>
Name:			
Title:			
Address:			
Phone:			
Fax:			
E-mail:			
Signature of Project Administrator:			
<b>Brief Project Description:</b>			
<b>Project Budget Summary</b>	<b>DCJS Funds</b>		<b>Total</b>
	<b>Federal 75%</b>	<b>State 25%</b>	
Personnel	\$	\$	\$
Consultants	\$NA	\$NA	\$NA
Travel/Subsistence	\$	\$	\$
Equipment	\$	\$	\$
Indirect Costs	\$NA	\$NA	\$NA
Supplies/Other Operating Expenses	\$	\$	\$
Totals:	\$	\$	\$
<b>Grand Total: \$</b>			